CAMPAIGN FINANCE REPORT STATE OF WISCONSIN				h 6-30-10	
Is This Report an Amendment:	MILWAUK	EE COUNTY COMMISSION			
Instructions for completing schedules are on the bac	e.		i		
COMMITTEE IDENTIFICATION			2011 JAN 3	31 A G 47	
Name of Committee Citizens for Paul Cesai	2		REC	EIVEDAM	
Street Address  5342 5. Robinwood Lane  City, State and Zip Code  1	t and a statement of the second at the second and the second and the second at the second at the second at the	TO BE MORE TO THE THE SECOND AND ADDRESS OF THE SECOND ASSOCIATION AS A CONTRACT OF THE SECOND AS A CONTRACT OF TH	OF	FICE USE ONLY	
Hales Corners, W. 531	130		WSEB ID Number:		
Please check if address is different than previously reported, an	id complete the Camp	aign Registration Sta	tement in the	back of this form. 🔲	
NAME OF REPORT					
☐ January Continuing ☐ Pre-Primary	☐ Spring ☐	] Fall ☐ Spec	ial	# # # # # # # # # # # # # # # # # # #	
July Continuing 3010 Pre-Election	Spring [	☐ Fall ☐ Spec	ial	Termination Report also complete Schedule 4	
CIRILIDUAT PROTINCO AND					
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar	Audited Totals Office Use Only		
1. RECEIPTS	i ima i cilou	Year-To-Date	Service Control of the Control of th	omic osc only	
IA. Contributions (Including Loans) from Individuals	s <i>O</i>	s O	s -	· \$ ~~	
1B. Contributions from Committees (Transfers-In)	s O	s O	s	s	
IC. Other Income and Commercial Loans	s <i>68.73</i>	s 68.73			
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	s 68.23	s 68.23	\$ 68.	23 s 68.23	
2. DISBURSEMENTS				ining and the state of the stat	
2A. Gross Expenditures	s 145.01	s 145.01	s/45,	01 \$145.01	
2B. Contributions to Committees (Transfers-Out)	s 0	s 0	\$ ***	\$	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	s 145.01	s 145.01	s/45.	01 \$145.01	
CASH SUMMARY					
Cash Balance Beginning of Report	s 48.78	And the state of t		148.78	
Total Receipts	s 68.73	pine no parametry parametr	3	68.33	
Subtotal	s 117.01	Agummavavitranay	9	117.01	
Total Disbursements	s 145,01	en government and grant an	3	145.01	
CASH BALANCE END OF REPORT	s (28,00)	entage and controlled		<u>(28.86)</u>	
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	s 0	Park-Poolitim-on-Vision-in-	47	W(Andries)	
LOANS (Balance at the Close of This Period-3B) \$52,536.79				59,52679	

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

	· · · · · · · · · · · · · · · · · · ·	
Type or Print Name of Candidate or Freesurer	Signature of Candidate er Freesurer	Date: 8-6-7010
$\rho$	$\boldsymbol{l}$	0 6 0010
Daven Coans	Yand M. Cleans	THAT SHE GOOD
1		Daytime Phone: 441 241 9882
	7	

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

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## SCHEDULE 1-C

# RECEIPTS Other Income and Commercial Loans

Page		of	
	***************************************	~.	*************

Complete Com	mittee Name Citizens for Paul	Cesarz		
	or completing schedules are on the back of each			
Date	Evil Money Mailing Address and Zin Code	Type of Income	Amount	Office Use
6:01:10	200 N. Adrms Street	Fee Chaege Off	*68.23	
Date	Green Ray UI S4307 Full Name, Mailing Address and Zip Code	Type of Income	Amount	Office Use
/ /	of Source of Income			
Date /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date f f	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
	suato	OTAL OTHER INCOME THIS PAGE	s 68.23	
		OTAL ITEMIZED OTHER INCOME	\$	
	TOTAL UNITEMIZE	ED OTHER INCOME \$20 OR LESS	. 68,23	and a principal of the Control of th

## SCHEDULE 2-A

#### DISBURSEMENTS Gross Expenditures

Page	of	

Complete Commi	ttee Name Citizens for Paul Cesa	907	•	
t- street as from				
Date	completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
01:15:10	Of Person or Business to Whom Payment is Made	Expenditure		
01161130	ASSOCIATED BYTH, SEE N. Advers Greet	Bank FEE	19,00	
	Green By WI S1807	131112	17,00	
	Check if: Th-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Buşineşs to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
02'12'10	Associated book	- Appendix o	*	
00 10 10	200 N. Admis Street	Book tel	19.00	
	Green By WI S4307			
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
1	Of Person or Business to Whom Payment is Made	Expenditure		4
03/12/10	HSSOCIALCY PARK	Bent las	19.00	
	200 10. 190000 30 021	1811 100	,,,,,	
	Check it: An-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
04'14'10	Greated Bank			
07 17 W	an N reforms Street	Bank for	<i>33.00</i>	
-	Greater W S4307	1.31.4- 1.60	·	
Date	Check if: Sh-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
	Of Person or Business to Whom Payment is Made	Expenditure		
05/31/10	HISOCIALLY BANK	April Las	65.01	
	Jon W Marms Street Greenhay 44 S4307	ENTE TOE	63,01	
	Check if: In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
1 1				any and a second
	Check if: In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
1 /	Of Person or Business to Whom Payment is Made	Expenditure		
	Check if: In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
1 1				
	Check if:			
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
1 , ,	Of Person or Business to Whom Payment is Made	Expenditure		
			va anaronar de de	A
	Check if: In-Kind Offset			
			. 145,01	
	SUBTOTAL ITEMIZE	D EXPENDITURES THIS PAGE	3	
			and the second	
	тот	AL ITEMIZED EXPENDITURES	\$	<del> </del>
	÷			
	TOTAL UNITEMIZED	EXPENDITURES \$20 OR LESS	<u></u>	
			145,01	
		TOTAL EXPENDITURES	13 /72,01	

### SCHEDULE 3-B

#### **ADDITIONAL DISCLOSURE**

Loans

Individual, Committee or Commercial

Page	of	

Complete Comm	nitee Name Cittuens A	er Paul Cesarz				
Instructions fo	r completing schedules are o	in the back of each schedule.				
	Full Name, Mailing Address and Zip Code of Loan Source  Paul M. CESULZ  5937 Robinsused Lane 10 Hales Corners Cy 53130		Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date 6 130 1 10	5737 Robinus Hala Carpen	red Lane ·	52,526.79	0	0	52,526.79
L	rs or Guarantors (if any)			· · · · · · · · · · · · · · · · · · ·		<del></del>
Full Name, Mai	ling Address and Zip Code	Occupation				•
• • • • • • •		Name and Address of Employer				
		Amount Guaranteed Outstanding				
Full Name, Ma of Guarantor	iling Address and Zip Code	Occupation				
or oddrama.		Name and Address of Employer		······································		
		Amount Guaranteed Outstanding				
				·		
	Full Name, Mailing Address a	nd Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Curnulative Payments This Period	Outstanding Balance End of This Period
Date						
	ers or Guarantors (if any)					
Full Name, Ma of Guarantor	illing Address and Zip Code	Occupation				
		Name and Address of Employer				
	÷	Amount Guaranteed Outstanding		<del></del>		
Full Name, Ma	ailing Address and Zip Code	S Occupation				
of Guarantor		Name and Address of Employer				
		Amount Guaranteed Outstanding				
		s		<u>,</u>		
	Full Name, Mailing Address	and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date /					- Andrews	
	sers or Guarantors (if any)			1	<u> </u>	
Full Name 14	ailing Address and Zip Code	Occupation				
of Guarantor						
Name and Address of Employer						
		Amount Guaranteed Outstanding	***************************************			
Full Name, M of Guarantor	ailing Address and Zip Code	S Occupation				
Name and Address of Employer						
		Amount Guaranteed Outstanding	terrenan frame er se servich man marken wicklind bedreit des des delichte ers, wer bereranspar		San Park	
L		\$	is and referential are in the 190 minutes in commission in an air in 190 minutes in 190 MF			

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$50,506.79

TOTAL OUTSTANDING LOANS \$ 52,526.